

Short Stay Respite

Long Term Care Home Choice List

Patient _____
(Last Name, First Name) _____ Health Card Number _____ Version Code _____

Please select up to five long-term care homes for short stay respite, including any out-of-Champlain choices, and rank them in order of your preference. The applicant's name will be added to the wait lists for the chosen homes if eligible, and if the chosen long-term care homes can provide the required care. Ontario Health atHome will confirm with you the availability of the requested dates.

Rank (1-5)	Location	Central	Requested Dates
	Stittsville	Extendicare Crossing Bridge	
	Ottawa	Extendicare Laurier Manor	
	Ottawa (Kanata)	Garden Terrace (S)	
	Ottawa (Orleans)	Résidence Saint-Louis (S)	
	Ottawa	St. Patrick's Home (S)	
Rank	Location	East	Requested Dates
	Cornwall	Glen-Stor-Dun Lodge	
	Hawkesbury	Résidence Prescott et Russell	
Rank	Location	West	Requested Dates
	Almonte	Fairview Manor (S)	
	Pembroke	Marianhill	
	Pembroke	Miramichi Lodge	
	Deep River	North Renfrew LTC	

(S) = Secure unit available.

Out of Region LTC Home			Requested Dates

ACCOMMODATION RATES

Short Stay Daily Rate is \$44.38/Day (July 1, 2025 – Subject to yearly increase)

By signing this Short Stay Respite Choice Form, I confirm that I have been informed of the daily rate of a Short Stay Respite stay.

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CONSENT FOR PLACEMENT

- I consent that the Ontario Health atHome, as the designated Placement Coordinator, can disclose my personal health information to the long-term care home of my choice.
- I acknowledge that I have been counselled about the reasons why this information is needed and I understand them. I understand that Ontario Health atHome will update and share this information with other Ontario Health atHomes, other health professionals involved in my care, and the long-term care homes of my choice.
- I understand that I may withdraw my consent at any time.

Patient / Substitute Decision- Maker			
	Signature	Print Name	Day/Month/Year

If Substitute Decision- Maker, please complete the following		<input type="checkbox"/> Personal care power of attorney	<input type="checkbox"/> Public guardian and trustee
	Your relationship to patient		